

# **SKU Lightning Complex**

## **INCIDENT ACTION PLAN**

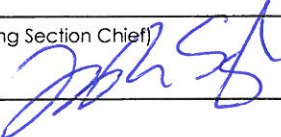

***CA-SKU 005509***

**8/3/14 – 8/4/14**

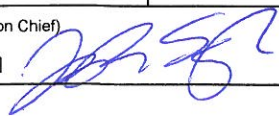
**OPERATIONAL PERIOD**

**0700-0700**



<b>INCIDENT OBJECTIVES</b>	1. Incident Name <b>SKU Lightning Complex CASKU 005509</b>	2. Date <b>08/02/14</b>	3. Time <b>1800</b>									
4. Operational Period <b>08/03/14 – 08/04/14 0700-0700</b>												
5. General Control Objectives for the Incident (include alternatives) <u><b>Management Objectives</b></u> <ul style="list-style-type: none"> <li>• <b>Ensure safety for emergency personnel and the public.</b></li> <li>• <b>Protect Infrastructure, private property and other improvements in and around the Siskiyou County.</b></li> <li>• <b>Protect agricultural values, endangered species, natural and cultural resources.</b></li> <li>• <b>Keep cost commensurate with values at risk.</b></li> <li>• <b>Foster and Maintain Relationships with all Cooperators Federal/ State/ Local.</b></li> <li>• <b>Keep Public Informed of incident activity and continue cooperation with private landowners.</b></li> </ul> <u><b>Control Objectives</b></u> <ul style="list-style-type: none"> <li>• <b>Keep Fires within current containment lines.</b></li> </ul>												
6. Weather Forecast for Period <b>See attached Spot Weather Forecast</b>												
7. General Safety Message <b>See attached Safety Message</b>												
8. Attachments (mark if attached) <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Organization List - ICS 203</td> <td><input checked="" type="checkbox"/> Medical Plan - ICS 206</td> <td><input checked="" type="checkbox"/> (Other)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Div. Assignment Lists - ICS 204</td> <td><input checked="" type="checkbox"/> Incident Map</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Communications Plan - ICS 205</td> <td><input checked="" type="checkbox"/> Traffic Plan</td> <td><input type="checkbox"/></td> </tr> </table>				<input checked="" type="checkbox"/> Organization List - ICS 203	<input checked="" type="checkbox"/> Medical Plan - ICS 206	<input checked="" type="checkbox"/> (Other)	<input checked="" type="checkbox"/> Div. Assignment Lists - ICS 204	<input checked="" type="checkbox"/> Incident Map	<input type="checkbox"/>	<input checked="" type="checkbox"/> Communications Plan - ICS 205	<input checked="" type="checkbox"/> Traffic Plan	<input type="checkbox"/>
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<input checked="" type="checkbox"/> Communications Plan - ICS 205	<input checked="" type="checkbox"/> Traffic Plan	<input type="checkbox"/>										
9. Prepared by (Planning Section Chief) <b>Josh Taylor PSC2</b> 		10. Approved by (Incident Commander) <b>Phil Anzo ICT2</b> 										



ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME		9. Operations Section	
SKU Lightning CA-SKU-005509		Chief	Darin Quigley
2. Date	3. Time	Deputy	
08/03/14	0100		
4. Operational Period		a.	
8/3/14 - 08/4/14 0700-0700		Division/Group	North Patrol TBA
Position	Name	Division/Group	South Patrol TBA
5. Incident Commander and Staff		b. Branch II - Division/Groups	
Incident Commander	Phil Anzo	Division/Group	
Deputy		Division/Group	
Safety Officer	Chuck Frank	c. Branch III - Division/Groups	
Information Officer	Suzi Brady	Branch Director	
Information Officer	Scott McLean	Deputy	
Liaison Officer		Division/Group	
6. Agency Representative		Division/Group	
Agency	Name	Division/Group	
		d. Branch IV - Division/Groups	
		Branch Director	
		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
		Staging Area Manager	
7. Planning Section		Division/Group	
Chief	Josh Taylor / Buddy Bloxham (T)	Division/Group	
Deputy		Division/Group	
Resource Unit	Justin Petersen / Gabe Garcia Adam Mitchell / Bryan McEntire (T)	f. Air Operations Branch	
Situation Unit	Marshall Turbeville	Air Operations Branch Director	
Documentation Unit		Air Attack Supervisor	
Demobilization Unit	Dan Herndon	Air Support Supervisor	
Training		Helicopter Coordinator	
		Air Tanker Coordinator	
8. Logistics Section		10. Finance Section	
Chief	Ray Wedel / Larry Williams	Chief	Harper Keene
Deputy		Deputy	
Supply Unit	Chris Richins	Time Unit	Kyle Lunsted
Facilities Unit	Ken Lowe	Procurement Unit	Rose Leslie
Ground Support Unit	Jim Smith / Curt Solus	Compensation/Claims Unit	
Communications Unit	Allen Columbro	Cost Unit	
Medical Unit	David Morrison		
Food Unit			
Motel Unit	Milford Ferguson / Sharon Long		
		Prepared by (Plans Section Chief)	
		Josh Taylor PSC1 	

**Spot Forecast for Little Deer Fire**

National Weather Service Medford

535 PM PDT Sat Aug 2 2014

IF CONDITIONS BECOME UNREPRESENTATIVE,  
CONTACT THE NATIONAL WEATHER SERVICE.

SPOT FORECAST FOR LITTLE DEER...CAL FIRE  
NATIONAL WEATHER SERVICE MEDFORD OR  
535 PM PDT SAT AUG 2 2014

FORECAST IS BASED ON REQUEST TIME OF 1523 PDT ON AUGUST 02.  
IF CONDITIONS BECOME UNREPRESENTATIVE...CONTACT THE NATIONAL WEATHER  
SERVICE.

.DISCUSSION...LITTLE CHANGE IN THE WEATHER IS EXPECTED SUNDAY OR  
SUNDAY NIGHT. SUNNY AND HOT WEATHER IS EXPECTED AGAIN SUNDAY WITH  
A SLIGHT CHANCE OF AFTERNOON EVENING THUNDERSTORMS. LIGHT  
SOUTHWEST WINDS ARE EXPECTED IN THE AFTERNOON, BUT GUSTY ERRATIC  
WINDS ARE POSSIBLE NEAR ANY THUNDERSTORMS. HUMIDITY RECOVERIES MAY  
BE A LITTLE BETTER THAN WE'VE HAD LATELY SUNDAY NIGHT DUE TO  
SLIGHTLY INCREASING MOISTURE.

.SUNDAY...

SKY/WEATHER.....SUNNY IN THE MORNING...THEN PARTLY CLOUDY WITH  
A SLIGHT CHANCE OF SHOWERS AND THUNDERSTORMS IN  
THE AFTERNOON. AREAS OF SMOKE THROUGH THE DAY.

MAX TEMPERATURE.....90-93.

MIN HUMIDITY.....12-14 PERCENT.

EYE LEVEL WINDS.....LIGHT AND VARIABLE THROUGH NOON...THEN BECOMING  
SOUTHWEST 2-4 MPH AFTER NOON.

MIXING HEIGHT.....INCREASING TO 8000 FT AGL LATE IN THE MORNING.

MIXING WINDS.....SOUTH TO SOUTHWEST 5-10 MPH.

CWR.....10 PERCENT.

LAL.....2.

WIND (20 FT).....LIGHT AND VARIABLE THROUGH NOON...THEN BECOMING  
SOUTHWEST 3-6 MPH AFTER NOON.

.SUNDAY NIGHT...

SKY/WEATHER.....MOSTLY CLEAR. A SLIGHT CHANCE OF SHOWERS AND  
THUNDERSTORMS EARLY IN THE EVENING. AREAS OF  
SMOKE THROUGH THE NIGHT.

MIN TEMPERATURE.....AROUND 60.

MAX HUMIDITY.....AROUND 65 PERCENT.

EYE LEVEL WINDS.....BECOMING LIGHT AND VARIABLE.

MIXING HEIGHT.....DECREASING TO 500 FT AGL EARLY IN THE EVENING.

MIXING WINDS.....LIGHT AND VARIABLE.

CWR.....10 PERCENT.

LAL.....2.

WIND (20 FT).....BECOMING LIGHT AND VARIABLE.



## Fuels and Fire Behavior Advisory

### Northern California

July 23, 2014



**Subject:** Long term drought conditions along with hot and dry weather have led to very low live and dead fuel moistures. Weather and fuels conditions are contributing to active to extreme fire behavior and above normal large fire potential for Northern California.

**Discussion:** The extremely dry and warm conditions of April, May and June combined with the extreme to exceptional drought conditions have led to low live and dead fuel moistures. Lack of winter snow cover exposed much of the upper elevation fuels to drying conditions weeks and even months sooner than normal. Grasses have fully cured across low and middle elevations and have begun curing at upper elevations.

**Difference from normal conditions:** Live and dead fuel moistures are approximately 6 weeks ahead of normal and typical of mid-August. Extreme to exceptional drought, the highest levels on the Drought Monitor system now cover nearly the entire North state. Live fuel moistures never reached typical seasonal maximums and are rapidly moving toward critical levels. All timelag classes of dead fuels are at moisture levels that allow for easy ignition and rapid spread.

#### Concerns to Firefighters:

- **Expect fires to ignite easier and spread faster due to low live and dead fuel moistures.** Recent fires have shown almost complete consumption of large dead fuels. **Expect higher probability of ignition and increased spotting** due to increased amount of receptive and available surface and aerial fuels.
- Energy Release Component (ERC) is a good indicator of seasonal drying trends. **Current ERC values are reaching maximum seasonal values or setting record highs** for all Predictive Service Areas (PSA) with the exception of the North Coast PSA. **Anticipate increased spread rates and active night time burning.**
- Anticipate higher resistance to control in all fuel types. **When critical fire weather conditions exist expect active to extreme fire behavior.**

#### Mitigation Measures:

- Firefighters should acknowledge and prepare for fire growth and fire behavior that may exceed anything they have experienced before due to the extreme drought. **Normal strategies and tactics may need to be adjusted to account for the drought factor.** Suppression actions need to be based on good anchor points, lookouts, communications, escape routes, and safety zones.
- Local and incoming fire personnel need to be aware that fire behavior is exceeding normal expectations for this time of the year. **Local briefings need to highlight specific fire environment conditions including local weather forecasts, Pocket Cards, ERC's, live and dead fuel moistures, and special fuel conditions such as mortality, Sudden Oak Death and frost killed brush, etc.**
- Base all actions on current and expected behavior of the fire. **Augment initial attack resources as incident activity dictates.**
- Review the most current Northern California 7-day Significant Fire Potential along with Daily, Monthly and Seasonal Outlooks at: [Predictive Services Outlooks & Fire Potential](#)

**Area of Concern:** The area of concern is Northern California exception of North Coast PSA. A map showing the areas of concern described in this advisory can be found at: [National Fuels & Fire Behavior Advisories](#)

## HEALTH AND SAFETY MESSAGE

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INCIDENT: SKU Lightning Complex

DATE: August 3, 2014

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### Hazardous Conditions and Actions:

- \* FIRE BEHAVIOR - ACTIVE FIRES SHOWING EXTREME FIRE BEHAVIOR
  - \* DRIVING - Slow Down
  - \* WEATHER - Hot and dry Stay Hydrated (Read page on Hydration)
  - \* FALLING HAZARD TREES- Block roads in both directions before falling hazard trees
  - \* COMPLEX AVIATION OPERATIONS- mixture of Air tankers and helicopters
  - \* OTHER HAZARDS- steep ground and rolling material
- 

### \* FIRE BEHAVIOR

- EXTREME fire behavior- very dry fuels with extreme spotting potential.

### \*DRIVING

- Seat Belts are not optional; Drive with headlight ON
- Cell phones - Do not use while driving
- Expect the unexpected, especially on the switchback and on curves.
- Watch out for the public: they may not be watching out for you!
- Don't have rig to rig conversations in the middle of the road on curves and switchbacks, pull over!

### \*WEATHER

- Hot and Dry means stay hydrated. Hydration means drink lots of water!
- See page 103 of the IRPG for dealing with Heat-Related Injuries or read the Safety Alert in the IAP on Excessive Heat
- Daily read spot forecasts there may be lightning on its way.

### \*FALLING HAZARD TREES

- Block roads when falling within  $2\frac{1}{2}$  tree lengths of road. Very important!

### \*AVIATION

- Monitor Air to Ground! Review Page 56 of IRPG-Retardant Safety, and page 57 Directing Retardant and Bucket Drops.

\*Wear full PP&E while on the fire line.

Review the Medical Plan and follow injury reporting procedures included on the Medical Plan page.

Watch Out and Take Care of Each Other

/s/ Safety Officer: Chuck Frank SOF2

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Incident Action Plan Safety Analysis 215A				Operational Period: 8/03/2014 Day				Incident: SKU Lightning Complex			
Identification of Hazards and Risk Assessment				Assignment: Multi-All (Suppression)				Mission Objective(s): Safety of Responders and Public			
Pre-mitigation				Mitigation(s), Warnings, and Remedies				Post-mitigation			
Hazard(s)	Likelihood	Severity	Risk Level	Division/Groups			Mitigation(s) To Be Applied Above And Beyond Standards	Likelihood	Severity	Risk Level	Acceptable Yes/No
				North Patrol	South Patrol	Yreka Staging					
Extreme Fire Behavior	Frequent	Critical	HIGH	X	X		Maintain adequate escape routes and safety zones. Advise all personnel if these are compromised or changed. Review "Severe Fire Behavior Potential (IRPG pg. 78)	Frequent	Negligible	MEDIUM	YES
Hazard Trees and Falling Operations	Probable	Critical	HIGH	X	X		Utilize mechanical equipment if possible, if hand falling is needed maintain 2, 1/2 tree lengths for faller, only the faller in the falling area. Wear proper PPE. Cut snags before we burn to mopup standards.	Remote	Critical	MEDIUM	YES
Direct Line Construction	Frequent	Critical	HIGH	X	X		Maintain LCES, follow down hill checklist is applicable (refer to IRPG pg. 9)	Frequent	Negligible	MEDIUM	YES
Transportation	Frequent	Critical	HIGH	X	X	X	Practice attentive and defensive driving. Minimize travel, try to not travel at night, reduce speed in rough country, Utilize a spotter or look before you back-up. Follow established travel plan in camp. Utilize Spike Camp to reduce travel exposure	Frequent	Negligible	MEDIUM	YES
Air Operations	Frequent	Catastrophic	HIGH	X	X		Stop Air Operations if the mission does not provide for safety and or meeting operational objectives.	Improbable	Catastrophic	MEDIUM	YES
Dehydration	Frequent	Critical	HIGH	X	X	X	Drink sufficient liquids; ensure personnel are replacing electrolytes as well as water. Take Shade Breaks	Remote	Marginal	MEDIUM	YES
Heavy Equipment Use-Dozers	Occasional	Critical	MEDIUM	X	X		Qualified operators, use traffic control. Proper PPE protection, adequate communication operator/spotter. Identify and share hazard information.	Occasional	Marginal	MEDIUM	YES
Specialized Equip-UTV, ATV	Occasional	Critical	MEDIUM				Qualified operators, safety briefings, use required and proper PPE.	Probable	Marginal	MEDIUM	YES
Foot travel in steep rocky terrain	Frequent	Critical	HIGH	X	X		Work together, scout travel route if possible. Prepare for the unexpected, have adequate communications (radio, cell), check in-out. Make sure the outcome is worth the risk. Take your time	Frequent	Negligible	MEDIUM	YES
Daily Work/Personnel Assignments	Probable	Critical	HIGH	X	X	X	Briefings, clear directions and feedback, Ensure adequate directions are given and understood, make certain Supervision is in place (span of control). Give tailgate safety sessions before each task/job. Give new personnel assigned to location a thorough briefing prior to work.	Probable	Marginal	MEDIUM	YES
Personal Health	Frequent	Marginal	MEDIUM	X	X	X	Preventative measures (minor cuts, blisters, etc). Identify Medevac sites; ALS medical personnel in place. Notify supervisor.	Frequent	Negligible	MEDIUM	YES
Operations Section Chief				Date/Time: 8/02/2014 1700		/s/ Chuck Frank		Date / Time: 8/02/2014 1700			

*Mark Sordley*  
(for OPS)



# Risk Level

High - Red

Medium - Yellow

Low - Green

## Likelihood/Probability

Frequent- Individual - Likely to occur often

Probable- Individual - Continuously experienced

Occasional- Individual - Will occur several times

Remote- Individual - Will occur often

Improbable- Individual - Likely to occur sometime

All Resources - Will occur several times

Probable- Individual - Unlikely to occur, but possible

Occasional- Individual - Unlikely but can reasonably be expected to occur

Remote- Individual - So unlikely, it can be assumed it will not occur

All Resources - Unlikely to occur, but possible

## Severity/Consequences

Catastrophic- Results in fatality/fatalities and/or loss of system

Critical- Severe injury and/or major system damage

Marginal- Minor injury and/or minor system damage

Negligible- Less than minor injury/or less than minor damage

Likelihood/Probability		Severity/Consequence				
		Negligible	Marginal	Critical	Catastrophic	
Frequent		Medium	Medium	High	High	
Probable		Low	Medium	High	High	
Occasional		Low	Medium	Medium	High	
Remote		Low	Medium	Medium	High	
Improbable		Low	Low	Medium	Medium	

AIR OPERATIONS SUMMARY				1. Incident Name		Helibases Fixed Wing Bases			
4. Personnel and Communications		Name	Air/Air Frequency	Air/Ground Frequency	5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)				
Air Operations Director									
Air Attack Supervisor									
Helicopter Coordinator									
Air Tanker Coordinator									
6. Location/Function	7. Assignment	8. Fixed Wing No.	Type	9. Helicopters No.	Type	10. Available	Time Commence	11. Aircraft Assigned	12. Operating Base
13. Totals									
14. Air Operations Support Equipment				15. Prepared by (include Date and Time)					

ICS 204



ICS 204


INCIDENT RADIO COMMUNICATIONS PLAN			Incident Name: LITTLE DEER			Date/Time Prepared: Aug 2, 2014 1800 hrs			Operational Period: 24HR 0700-0700		
Ch #	Function	Channel Name	Assignment	RX Freq	N or W	RX Tone/NAC	TX Freq	N or W	Tx Tone/NAC	Mode	Remarks
1	COMMAND	SKU LOCAL	N/S PATROL	151.3250	N	156.7	159.3600	N	OST	A	Use Tone 6
2	TACTICAL	CDF TAC 9	N/S PATROL	151.3850	N	192.8	151.3850	N	192.8	A	
3	COMMAND	CDF C4	LITTLE DEER	151.4000	N	103.5	159.3750	N		A	USE Tone 15
4	COMMAND	KNF SAGE	LITTLE DEER	172.3250	N		173.7625	N		A	Use Tone 8
5	TACTICAL	VFIRE 22	DIV A	154.2650	N	156.7	154.2650	N	156.7	A	
6	TACTICAL	VFIRE 23	DIV Z	154.2950	N	156.7	154.2950	N	156.7	A	
7	TACTICAL	VTAC 11	DIV B	151.1375	N	156.7	151.1375	N	156.7	A	
8	TACTICAL	VTAC 12	DIV Y	154.4525	N	156.7	154.4525	N	156.7	A	
9	TACTICAL	VTAC 13	HWY GROUP	158.7375	N	156.7	158.7375	N	156.7	A	
10	TACTICAL	VFIRE 21	WEED/YREKA STAGING	154.2800	N	156.7	154.2800	N	156.7	A	IN STAGING USE
11	TACTICAL	VTAC 14	RESERVE	159.4725	N	156.7	159.4725	N	156.7	A	
12	TACTICAL	NIFC TAC 2	USFS DEER	168.2000	N		168.2000	N		A	
13	Air to Grnd	CDF A/G	AIR TO GRND	151.2200	N		151.2200	N		A	
14	Emergency	GUARD	EMERGENCY	168.6250	N		168.6250	N	110.9	A	TONE 1 ON TX
15	Air to Grnd	CDF A/G	AIR TO GRND	151.2200	N		151.2200	N		A	
16	Emergency	GUARD	EMERGENCY	168.6250	N		168.6250	N	110.9	A	TONE 1 ON TX
17											
18											
19											
20	Emergency	GUARD	EMERGENCY	168.6250	N		168.6250	N	110.9	A	TONE 1 ON TX
BY: Allen J Columbro, COMML CAL FRIE				Incident Location			State		Latitude		N Longitude
				County							
				W							

The convention calls for frequency lists to show four digits after the decimal point.



The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25). All channels are shown as if programmed in a portable or mobile radio. Repeater and base stations must be programmed with the Rx and Tx reversed.



<b>MEDICAL PLAN</b> <b>ICS 206</b>	1. INCIDENT NAME <b>SKU Lightning Complex</b>	2. DATE PREPARED 08/2/2014	3. TIME PREPARED 1500	4. OPERATIONAL PERIOD 08/3/2014 0700 - 08/4/2014 0700				
<b>5. INCIDENT MEDICAL AID STATIONS</b>								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS YES NO						
<b>6. TRANSPORTATION</b>								
<b>A. AMBULANCE SERVICES</b>								
NAME	LOCATION	PHONE	PARAMEDICS YES NO					
Mt. Shasta Ambulance	1020 Oak St. Mt Shasta	530-926-3420	X					
<b>B. INCIDENT AMBULANCES</b>								
NAME	LOCATION	PARAMEDICS YES NO						
<b>7. HOSPITALS</b>								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
Med Net Channel		AIR	GRND		YES	NO	YES	NO
Fairchild Medical Center Lvl 3 trauma	444 Bruce St. Yreka	5	10	209-966-3631	X			
Mercy Medical Center Lvl 3 trauma	914 Pine St, Mt. Shasta	15	40	530-926-6111	X			
UCD Medical Center Lvl 1 Trauma – Burn Ctr	2315 Stockton Blvd, Sacramento	60	4.30	916-734-3636	X		X	
<b>8. MEDICAL EMERGENCY PROCEDURES</b>								
<b>EMERGENCY FREQUENCY:</b> GUARD – 168.6250 N Tone 1  <b>LINE EMERGENCY:</b> Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. <ul style="list-style-type: none"> <li>Division/Group Supervisor contacts: <ol style="list-style-type: none"> <li>Closest EMS resource</li> <li>Communications Unit</li> </ol> </li> <li>Communications Unit contacts: <ol style="list-style-type: none"> <li>Ground or Air ambulance as requested</li> <li>Operations</li> <li>Safety</li> <li>Medical Unit</li> </ol> </li> <li>Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. <ol style="list-style-type: none"> <li>A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of need.</li> </ol> </li> <li>Communications Unit will clear command channel for emergency traffic as needed and only for duration of need.</li> </ul> <b>CAMP EMERGENCY:</b> Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident: <ul style="list-style-type: none"> <li>Medical Unit contacts: <ol style="list-style-type: none"> <li>Communications</li> <li>Safety</li> <li>Logistics</li> <li>Operations</li> <li>Crew Supervisor</li> <li>Comps/Claims</li> </ol> </li> </ul>					<b><u>INJURY REPORTING PROCEDURES</u></b>  NATURE OF INJURY _____ LOCATION OF PATIENT _____ POINT OF CONTACT _____ TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___ POINT OF PICKUP _____ LAT _____ LONG _____ PATIENT UNIT ID _____ IS A PARAMEDIC WITH PATIENT: YES ___ NO ___ AGE _____ SEX: MALE ___ FEMALE ___   <b>ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.</b>			
<b>ICS 206</b>		9. PREPARED BY: (Medical Unit Leader) David Morrison MEDL			10. REVIEWED BY: (Safety Officer) 			



SISKIYOU UNIT	
SECTION: 8100 Command and Control	SUBJECT: Incident Access and Accountability
EFFECTIVE DATE: June 16, 2010	SUPERCEDES POLICY:
AUTHORIZTION SIGNATURE: Jim Sweet	

## INTENT:

The intent of this policy is to establish a means by which ALL lightning fires or small remote fires in the SKU are flagged in a similar manner for access and accountability. This policy shall also apply to cover units.

## POLICY:

Standardization in identifying incident locations within Siskiyou Unit is necessary to provide for assurance of timely incident re-checks, incident status and incident accountability. All SKU units and all cover units working in SKU shall utilize this policy.

## PROCEDURE:

Incidents requiring access by foot (i.e. lightning fires, or small remote fires) shall be flagged with 1 ¾ wide orange ribbon "flagging". This procedure will allow for positive follow-up by other ground forces. Flagging is available via the SKU Service Center.

### Flagging routes into incidents:

1. Foot routes into incidents should be flagged in the following manner.
  - a. Begin the route with three (3) strips of flagging, approximately 2 ½ feet long tied in a "bundle". This three-strand bundle will readily identify the beginning of foot access from a road, skid trail, or other access point.
  - b. Incident information will be written on the flagging (bundle) with a felt tip pen or grease pencil, with the following minimum information being recorded:
    - i. Incident name (i.e. 3-2)
    - ii. Date of fire/check (i.e. 8/12/2004)
    - iii. Lat. /Long. of incident location
    - iv. Distance to incident (approximate)
    - v. Initials of company officer recording information and the engine number
  - c. Flag line should be easily visible from entry or exit directions (look back while flagging to assure a flag line that can be easily followed by other ground forces).
2. Fire Road signs will continue to be used to mark vehicle access routes into incidents.
3. At the close of the incident, remove all flagging and road signs. This will minimize confusion when locating future incidents.
4. A copy of this policy and required material shall be provided to out of the unit cover resources as part of station cover crew guides or during operational briefings.

EMERGENCY SHIFT TICKET and EVALUATION FORM																																																			
The responsible Government Officer will complete this form each shift																																																			
Incident or Project Name		Incident Number		Request Number		Contractor Name																																													
Wild		CALNU 123456		E-59		Fireline Builders																																													
Agreement Number		LNU01234567				Operator #1																																													
						Jim Smith																																													
Equipment Make		CAT		Dozer D6H		Operator #2																																													
Serial Number		6LN3344		License Number		John Jones																																													
						Operator Furnished By:																																													
						<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government																																													
						Operating Supplies Furnished By:																																													
						<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government																																													
						Equipment Status																																													
						<input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement																																													
						<input checked="" type="checkbox"/> Released by Government <input type="checkbox"/> Withdrawn by Contractor																																													
Remarks/Comments **																																																			
<p align="center"> <b>2 Operators</b>  <b>Released @ 1600</b>  <i>FIRE / BRANCH / DIVS</i> </p>																																																			
Vendor Rating																																																			
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<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.          ** Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>																																																			
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative																																													







EMERGENCY SHIFT TICKET AND EVALUATION FORM							
The responsible Government Official will complete this form each shift.							
Incident or Project Name		Incident Number		Request Number		Contractor Name	
Wild		CALNU 123456		E-61		Jason Ferguson	
Agreement Number						Operator #1	
						Operator #2	
Equipment Make		LNU76543210				We Build Line	
CAT				Dozer D6N		Operator Furnished By:	
Serial Number		3BG0236		License Number		Government	
						Contractor	
						Government	
						Operating Supplies Furnished By:	
						Government	
						Equipment Status	
						<input checked="" type="checkbox"/> Under Agreement	
						Inspected	
						Released by Government	
						Withdrawn by Contractor	
Date		Mo / Day		(Circle) Hours		Days / Miles	
		Work		Assignment			
7/17		0001		0800		8	
7/17		0800		2000		12	
7/17		2000		2400		4	
						Off Shift	
						Division B	
						Off Shift	
Vendor Rating							
Met Performance Expectations		Poor*	Avg.	Good	Exc.	N/A	
Equipment in Safe Working Condition							
Operator Skill Level							
Operates Safely							
Operator's Cooperation Level							
Overall Performance							
Vendor Rating must be done.							
Steve Hampton, Div B							
Steve Hampton							
Jason Ferguson							
Date							
Time							
07/17/12							
2000							

\* NOTE: Any rating of POOR requires an explanation in Comment Section.

**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.**

Pink - Finance

Blue - Home Unit HE Coordinator

**Yellow - Vendor**

White - Govt Representative



# eFC-33 INITIAL INPUT FORM

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Overhead: complete one form per person.  
All Others: complete one form per vehicle.

Request Number			

INCIDENT		State Agency		Incident Number		Incident Name		Incident Index Code		Incident PCA Code	
		C A S K U						2 6 0 0		0 0 9 0 0	

RESOURCE		Strike Team		Resource ID - Fire Assignment		Home Station / Office Location	
		S T		9 3 2 5 C		E-3499	

YOUR NORMAL DUTY SCHEDULE		24 Hr 8-8 7-7 Other		Portal to Portal?		YOUR AGENCY		HOME UNIT		COMMIT RELEASE		YOUR CELL PHONE #	
		✓ One Box		✓		CAL FIRE		S L U					

PERSONNEL		Schedule		First Name	Rank or Classification	# of Regular Duty Scheduled Hours per Day										
		A	B			Other	Mon	Tue	Wed	Thu	Fri	Sat	Sun			
EMPLOYEE 1																
EMPLOYEE 2																
EMPLOYEE 3																
EMPLOYEE 4																
EMPLOYEE 5																
EMPLOYEE 6																
		✓ One Box		Johnson	Robert	FC										

VEHICLE		Schedule		Radio ID	Kind of Vehicle	ID No/X No
		A	B			
VEHICLE 1						
VEHICLE 2						
		✓ One Box		E-3499	FTH	0 2 X 1 2 3
		Chainsaw Quantity:		Portable Pump?		
Put a Dozer and it's Transport on a single form. All others, use one form per individual vehicle.						

ADDITIONAL INFO
-----------------



Indicate each day what fire/branch/division you are assigned to.

## **Fire Information Lines**

**CAL FIRE (530) 842-2266**

**Klamath National Forest (530) 841-4451**



## FIRING OPERATION CHECKLIST

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Firing Supervisor \_\_\_\_\_

### 1. Personnel Briefing

- ☐ Objectives
- ☐ Conditions (fire environment)
- ☐ Resource assignments identified
  - ☐ Firing personnel
  - ☐ Holding forces
  - ☐ Lookouts
- ☐ Ignition plan/sequence
- ☐ Communication Plan
- ☐ Contingency Plan
- ☐ Safety issues

### 2. Go / No-Go

- ☐ All personnel briefed
- ☐ Weather forecast reviewed
- ☐ Resources in place
- ☐ Lookouts posted as needed
- ☐ Anchor and termination firing points identified
- ☐ Communications systems in place
- ☐ Fire behavior forecast reviewed
- ☐ Escape routes and safety zones established and made known
- ☐ Adjoining forces/Air Attack notified

### 3. Approval Prior To Firing

- ☐ Division Supervisor
- ☐ Branch Director
- ☐ Operations

### 4. Other Notifications

- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Attach Firing Operations Checklist to ICS-214

**NOTE: This form must not be used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.**

LOCATION / INCIDENT NAME:	INCIDENT NUMBER:	UNIT:	REGION:	DATE:
THE FOLLOWING ARTICLES WERE: (broken, left on line, damaged, or other)				DATE OF OCCURRENCE:

REMARKS:

<b>SIGNATURE OF PERSON CERTIFYING OCCURRENCE AS DESCRIBED</b>			
<b>SIGNATURE:</b>	<b>PRINTED NAME:</b>	<b>TITLE:</b>	<b>DATE:</b>
<b>UNIT SUPERVISOR'S APPROVAL</b>			
<b>COMMENTS:</b>			
<b>SIGNATURE OF UNIT ADMINISTRATOR:</b>		<b>TITLE:</b>	<b>DATE:</b>



## Instructions for Use of CDF 101 Property Certification of Location or Damage

**Document Number:** for use as a local number system or when attached to a FC-40 document.

**Location / Incident Name:** Enter the CDF facility property is assigned to. If submitting to an incident base, enter the Incident Name.

**Incident Number:** Enter the appropriate incident number

**Unit:** Enter the Unit the property is assigned to. If submitting to an incident base, enter the request number of the person certifying damage example E-320, C-14 or O-355.

**Region:** Enter the CDF Region where the property was assigned. If submitting to an incident base, enter the CDF Region responsible for the incident.

**Date:** Enter the date the P.L. or D. was completed.

The following items were: Enter either 'Broken', 'Left on Line', 'Damaged' or other status of the property.

**Reminder, this form cannot be used in place of the STD-152 to certify Lost, Stolen, Worn Out or Damaged beyond repair property.**

**Date of Occurrence:** Enter the date the property was broken, left on line or damaged.

**Quantity:** Enter the quantity for the line item.

**Unit of Measure:** Enter the unit of measure for the line item (example ea = each).

**CDF Stock Number:** Enter the PIN or stock number.

**Description:** Enter the description of the line item, indicate size, make, model and type. Clearly describe the item and provide adequate data to effectively identify equipment or property.

**Property Number:** Enter the CDF property number assigned to the line item, Capitalized or sensitive property must have their property number entered here.

**Location of Items:** Where is the property now (example, left on Division B night shift 8/1/04, Drop Point 2). A GPS coordinate, Station 22 or Unit Service Center may also be used to describe Location.

**Remarks:** Enter specific remarks here, how was the property damaged, what specifically is wrong with it.

**Signature of Person Certifying Occurrence as Described:**

**Signature:** The CDF Employee certifying the occurrence must sign.

**Printed Name:** Enter the printed name of the signature.

**Title:** Enter the title of the signature.

**Date:** Enter the date of the signature.

### Unit Supervisors Approval:

If submitted on an incident this section must be completed by the supervisor of the property custodian. This may be the Strike Team Leader, Division Supervisor, Receiving and Distribution Manager, Supply Unit Leader, Logistics Section Chief, Agency Representative or Incident Commander.

If submitted at the home Unit this section must also be completed by the supervisor of the property custodian. This may be a Battalion or Division Chief.

**Comments:** Supervisors may enter comments of approval or disapproval.

**Signature of Unit Administrator:** Signature of Unit Supervisor reviewing the certification described.

**Title:** Title of the signature.

**Date:** Date of the signature.

**Notes:**

This document is NOT required if exchanging property at an incident base with the exception of capitalized or sensitive property assigned a CDF property number.

This document is required as certification when submitting an MRT to your local Service Center for replacement of property.

An OF-315 (Incident Replacement Requisition) is required as authorization to purchase fire replacement items at your local Unit. This document is required when submitting an MRT to your local Service Center for fire replacement items. A CDF-101 and/or A STD-152 are required for the certification of the status of property being requisitioned for replacement.



# CAL FIRE WATER USAGE PLAN

## *California Drought Emergency*

The following shall be considered and implemented by all fire resources as a means to provide maximum efficiencies when utilizing water resources, while minimizing the impacts to private and public water supplies. Accountability shall be maintained for all water supplies that are utilized and care should be applied to ensure proper replacement and/or reimbursement to the supplier/owner.

### **Fireline personnel-** (During mop up operations)

- Use Pencil Hose and Garden Nozzles with Shut-Offs.
- Use Back pumps.
- Use Dry Mop-up and consolidation of heavy fuels to areas where they can burn out safely.
- Locate/Relocate Firelines to lighter fuels or natural barriers when safe.
- Set up and use portable tanks in anticipation of longer transport times for Water Tenders.
- Use of foams, gels and other water enhancers.
- Evaluate need to mop up in excess of 200 feet from fireline.

### **Road Maintenance and Repair-**

- Monitor and water roads only when and where needed.
- Water when most effective (evening and nights).
- Use chemical treatments when available (Magchloride, Omni bind etc.).
- Consider use of tertiary or treated water.

### **Aviation Operations-**

- Consider use of Gels, Foams and Retardants. Set up portable plants.
- Consider using Blivits and Pencil Hose for interior mop up operations as opposed to numerous bucket drops.
- Establish and use pre-use agreements for existing and known water sources.
- Use large watershed dip sites when able. Minimize use of small, static ponds and lakes.
- Maintain accountability of water used and locations of dip sites.
- Evaluate need for interior bucket drops.

### **Private Water Supplies-**

- Notify property owner as early as possible.
- Minimize usage and develop alternative water supplies when and where appropriate.
- Track usage (meter, ICS-214, Water Usage Reports) and develop a plan to replace water.

### **Public/Municipal Water Supplies-**

- Notify Agency as soon as possible and request a representative to the incident.
- Identify fill areas and request metering devices. Note locations on incident map.
- Use alternative or reclaimed water sources when available. Note locations on incident map.

### **Management and Supervision-**

- Consider complexity of water use on incidents. Establish a Water Supply Group Supervisor to coordinate additional resources to support the incident needs.
- Complete the Water Usage Report daily and turn in to Finance.
- Review this check list and brief daily.



# CAL FIRE WATER USAGE LOG

DATE: \_\_\_\_\_

Division / Group: \_\_\_\_\_

AGENCY ID / VENDOR: \_\_\_\_\_

I.e., Strike Team 1110C, Acme Water Tenders

REQUEST # \_\_\_\_\_

**TURN INTO FINANCE DAILY**

WATER SOURCE LOCATION	Hydrant	Open source i.e. pond	Tank	Gallons Used	Property Owner / Contact Number if known **

**\*\*Please note if you made contact with property owner and their contact.  
(Use reverse side if needed.)**

**Information:** \_\_\_\_\_

The intent of this document is intended to track, record and validated the amount of water used on a incident. It's not intended to review the performance of equipment using the water on an incident.

SUPPLY

# Yreka Union High School Campus

Superintendent: Mark Greenfield  
Principal: Marie Caldwell

MKU

Agriculture

CLERICAL TRAILER

RESOURCES

FINANCE

EATING  
AREA

BRIEFING

OPERATIONS

OVERHEAD  
PARKING

Big Gym: Mr. Pendley, Mrs. Borg

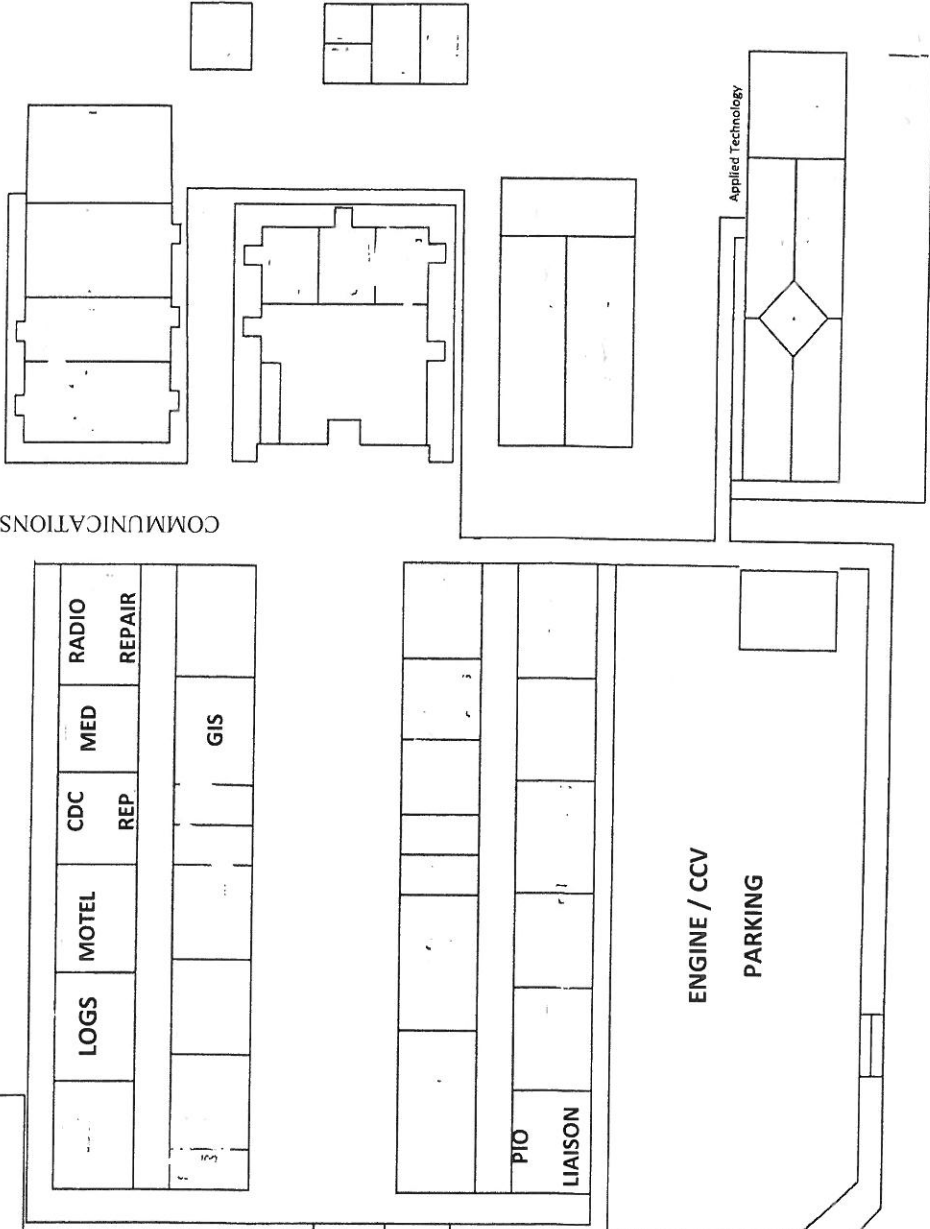
OVERHEAD  
PARKING

ENGINE / CCV  
PARKING

COMMUNICATIONS

CCC SLEEPING

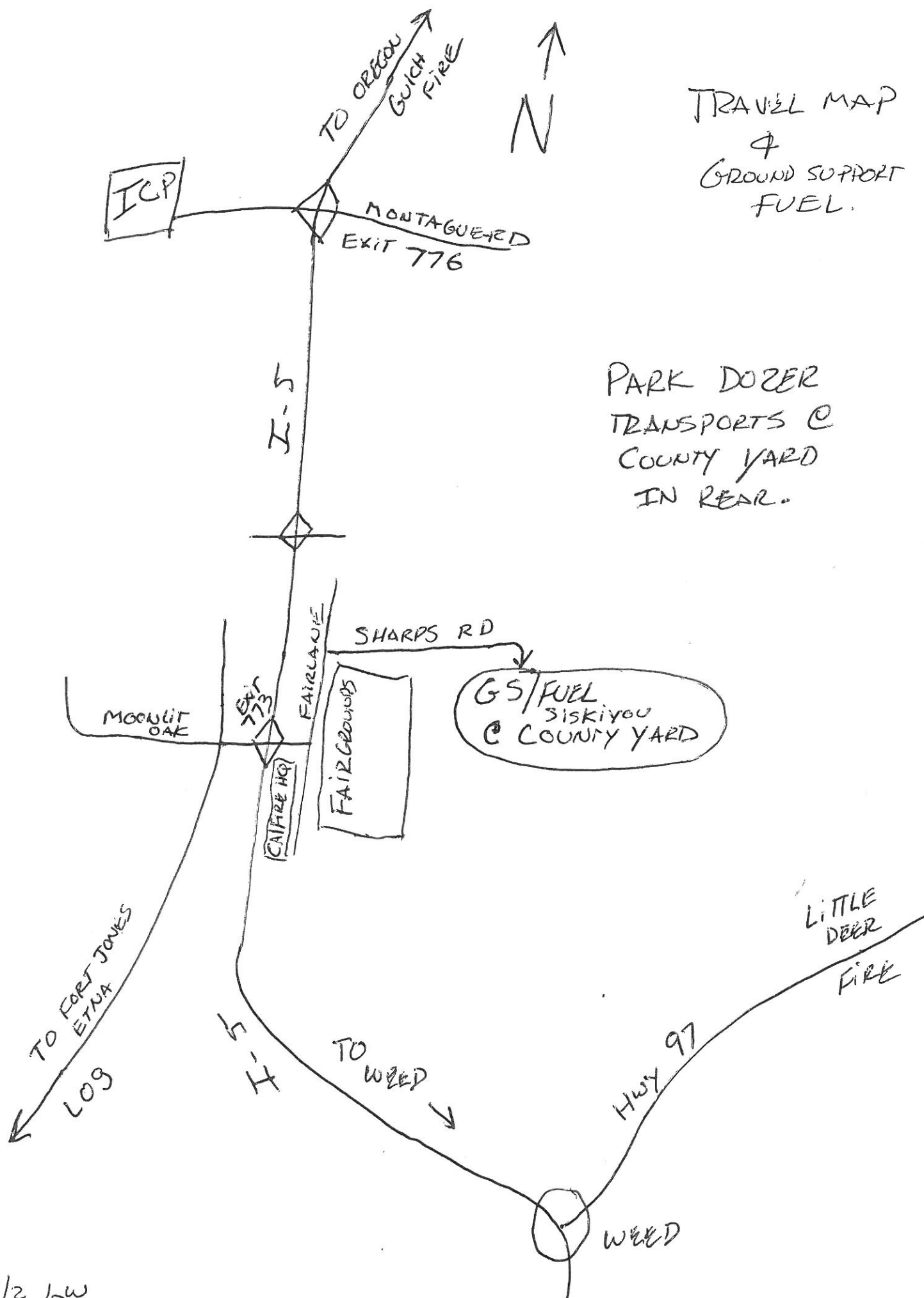
CDC SLEEPING





TRAVEL MAP  
&  
GROUND SUPPORT  
FUEL.

PARK DOZER  
TRANSPORTS @  
COUNTY YARD  
IN REAR.



UNIT LOG		1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators		5. Unit Leader (Name and Position)		6. Operational Period
7. Roster of Assigned Personnel				
Name		ICS Position		Home Base
8. Activity Log				
Time	Major Events			
9. Prepared by (Name and Position)				



